safeTALK: suicide alertness for everyone

safeTALK is a half-day training in suicide alertness. It helps participants recognize a person with thoughts of suicide and connect them with resources who can help them in choosing to live. Participants don't need any formal preparation to attend the training—anyone age 15 or older who wants to make a difference can learn the safeTALK steps.

FOCUS: Suicide alertness training for the community

DURATION: 3 hours - 4 hours (half a day)

LANGUAGES: English and French

PARTICIPANTS: Anyone 15 or older

TRAINERS: One trainer and one community resource

person per 15-30 participants

How safeTALK works

Most people with thoughts of suicide don't want to die—instead, they are looking for a way to work through the pain in their lives. Through their words and actions, they usually invite others to help them in making a choice for life. safeTALK teaches participants to recognize these invitations, engage with the person with thoughts of suicide, and connect them with resources to help them be safer from suicide. These resources could include health care professionals, first responders, or crisis line workers—among many others who have suicide intervention training.

Training process

safeTALK features both presentations and interactive elements. Trainers will facilitate participants' involvement through:

- Trainer presentations
- Diverse selection of audiovisuals
- Interactive discussion and questions
- TALK steps practice
- TALK wallet card
- "You can TALK to Me" stickers
- Downloadable TALK App

Goals and objectives

safeTALK helps participants become alert to suicide. Suicide-alert people are better prepared to connect persons with thoughts of suicide with life-affirming help. Over the course of their training, safeTALK participants will learn to:

- Notice and respond to situations where suicide thoughts may be present,
- Recognize that invitations for help are often overlooked,
- Move beyond the common tendency to miss, dismiss, and avoid suicide,
- Apply the TALK steps: Tell, Ask, Listen, KeepSafe, and
- Know community resources and how to connect someone with thoughts of suicide to them for further suicide-safer help.

As a taxi driver, I speak to a surprising number of people who have thoughts of suicide. safeTALK has given me and other drivers in Kilkenny a way to help them stay safe.

—Derek Devoy, Taxi Driver, Kilkenny, Ireland



Suicide is preventable. Anyone can make a difference.

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- ask them directly about the possibility of suicide, then
- connect them to live-saving resources.

safeTALK is open to anyone 15 or older, regardless of prior experience. Both professionals and members of the general public can benefit from safeTALK.

Why take safeTALK?

LIFE-SAVING: Anyone can experience thoughts of suicide. By connecting friends, family members, colleagues, and students with helping resources, safeTALK participants save lives in their communities.

SIMPLE YET EFFECTIVE: safeTALK uses the easy-to-follow TALK steps—Tell, Ask, Listen, and KeepSafe—and includes time to practice them so the knowledge is retained.

ENGAGING: safeTALK is a dynamic training that incorporates presentations and audiovisuals. It invites participants to become more alert to the possibility of suicide and how to prevent it.

TRUSTED: More than 50,000 people attend safeTALK each year. safeTALK is used in over 20 countries worldwide, and many communities, organizations, and agencies have made it a core training program.

PROVEN: Studies show that safeTALK participants feel more confident asking people about suicide, connecting them with life-saving resources, and keeping them safe until those resources can take over. ¹²

----- EXAMPLE TEXT-----

Upcoming workshop March 12th-13th, 2016

Where: 123 Silver Drive, City, Province/State, Country

To register or inquire:

Email—example@livingworks.com

Phone—(000) 000-0000

Course fee: ____

² McKay, K., Hagwood, J., Kavalidou, K., Kolves, K., O'Gorman, J. & De Leo, D. (2012) A Review of the Operation Life Suicide Awareness Workshops. Report to the Department of Veterans' Affairs. Australian Institute for Suicide Research and Prevention, Brisbane.

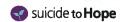












¹ McLean, J., Woodhouse, A., Schinkel, M, Pynnonen, A., McBryde, L. (2007) Evaluation of the Scottish safeTALK Pilot. Scottish Development Centre for Mental Health. Edinburgh.

safeTALK Training for Trainers (T4T)

Important considerations

There are several important elements to consider before embarking on the journey of becoming a safeTALK trainer. safeTALK trainers need to endorse certain fundamental assumptions about suicide and its prevention that are taught in safeTALK. Read Essential Information for safeTALK Candidate Trainers under the Programs section at www.livingworks.net for more details. Candidates should also consider the following information:

Presentation and facilitation skills: Being a safeTALK trainer requires effective presentation skills, as well as the ability to facilitate discussion and engagement. Candidates should feel comfortable presenting and facilitating in front of an audience, or be prepared to work to become effective presenters and facilitators.

Time and resources: The T4T lasts two days, and full attendance is mandatory. Planning, organizing, and running the subsequent safeTALK trainings is also a significant commitment. Candidates and their sponsoring organizations, if any, should make sure they have the necessary time and resources for training.

Audiovisual facility: Audiovisuals play a prominent role in safeTALK. Candidates should be comfortable with audiovisual technology or willing to learn.

Attend ASIST: Candidates are required to attend an ASIST workshop prior to the T4T. ASIST (Applied Suicide Intervention Skills Training) is LivingWorks' two-day intervention skills workshop, and often integrates with safeTALK. ASIST-trained caregivers complete the intervention process that safeTALKtrained alert helpers initiate.

Becoming a registered safeTALK Trainer

After completing the T4T, candidates must deliver at least three safeTALK trainings within one year in order to become registered trainers. After this, they must deliver at least two trainings per year—three or more is recommended—to maintain registered status.

It is strongly recommended that all candidates and their organizations begin implementation planning before the T4T takes place. The dates for a candidate's first safeTALK should be set for shortly after the T4T so that the training is still fresh in mind when delivering the program for the first time.

LivingWorks can support implementation planning in a variety of ways. To inquire, email info@livingworks.net.



T4Ts take place annually around the world



safeTALK trainings are presented by registered trainers each year

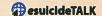


participants learn suicide alertness each year thanks to safeTALK trainers

*Statistics current as of March 2016

About LivingWorks: LivingWorks is dedicated to saving lives through the creation, development, and delivery of innovative training. experiences that empower individuals, organizations, and communities to be safer from suicide. To learn more, visit www.livingworks.net.

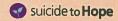














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PROVEN: Studies show that safeTALK participants feel more confident asking people about suicide, connecting them with life-saving resources, and keeping them safe until those resources can take over.^{1,2}

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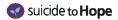












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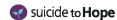












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Upcoming workshop Thursday, March 9, 2017

Where: Bienville Building, Rm. #173, 628 N. 4th St., Baton Rouge, LA 70802

When: 8:30 a.m. to noon

To register:

Email: Deborah.crump@la.gov

For inquiries: Contact Danita LeBlanc @ danita.leblanc@la.gov or (225) 342-9682

This course is provided by the Office of Behavioral Health at no cost to participants. Pre-registration is

required to ensure materials and seating.

² McKay, K., Hagwood, J., Kavalidou, K., Kolves, K., O'Gorman, J. & De Leo, D. (2012) A Review of the Operation Life Suicide Awareness Workshops. Report to the Department of Veterans' Affairs. Australian Institute for Suicide Research and Prevention, Brisbane.

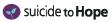












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Who should take safeTALK?

safeTALK is designed for anyone age 15 or older, including many in more formal helping roles. The steps learned in safeTALK have helped participants from all walks of life be alert to situations where suicide thoughts may be present.

Who provides safeTALK?

safeTALK is a training developed by LivingWorks Education, a leading world provider of suicide intervention training. Each safeTALK is facilitated by a trainer who has completed the two-day safeTALK Training for Trainers (T4T) course. Trainers use internationally standardized learning materials, including a diverse selection of paired alert and non-alert vignettes.

A listing of registered trainers can be found at www.livingworks.net under Find a Trainer. In order to maintain registered status, trainers must deliver the workshop at least three times a year and submit quality control reports to LivingWorks.

safeTALK and ASIST

safeTALK is designed to complement ASIST (Applied Suicide Intervention Skills Training), LivingWorks' two-day suicide intervention skills workshop. safeTALK is consistent with LivingWorks' view that the training needs of a suicide-safer community require a comprehensive approach. Both safeTALK and ASIST participants have an important role to play in helping to achieve this goal.

safeTALK training focuses on using the TALK steps— Tell, Ask, Listen, KeepSafe—to engage persons with thoughts of suicide and help to connect them with life-affirming resources, while using ASIST skills helps these resources provide safety from suicide for now. In effect, safeTALK and ASIST-trained helpers work together with individuals to help them keep safe from suicide.

ASIST's intervention model involves establishing a collaborative relationship to work through suicide to a place of safety. Many training participants include safeTALK and ASIST in their suicide prevention toolkit.



12

countries have onsite Trainers



2,500+

safeTALK Trainers worldwide



273,000+

safeTALK participants trained since 2006



safeTALK is listed in the Suicide Prevention Resource Center Best Practices Registry (USA)

*Statistics current as of July 2015.

About LivingWorks: Dedicated to creating suicide safety through proven, high-quality programs, LivingWorks Education has been the world leader in suicide intervention training for over thirty years. To learn more, visit www.livingworks.net.

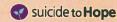












Daniel J. Adams, II 37267 S. Lakeshore Ave. Prairieville, LA 70769 225-938-7427

danieli a@vahoo.com

Leadership:

A passionate, proactive leader with extensive communication, training and administrative skills with the natural ability and tools to deliver disaster management services.

An Innovative, culturally competent and results-orientated professional, with excellent analytical and troubleshooting skills, and proven ability to respond and react quickly and effectively to crisis situations.

As Baton Rouge Assistant Fire Chief, managed and successfully coordinated the day-to-day operations of fire personnel.

Provided personal and professional leadership to Louisiana Spirit First Responder Teams with Louisiana Spirit and national crisis/disasters.

Formulated policies and provided key service recommendations to Office of Behavioral Health Executive Management Team.

Regularly commended for high quality of work and service to the State of Louisiana.

Technical Trainings:

National Incident Management System (NIMS) – Introduction to Incident Command Syster-100, ICS for Single Resources and Initial Action Incidents-200, Intermediate ICS for Expanding Incidents-300, National Incident Management Systems-700, National Response Framework-800

Critical Incident Stress Management (CISM) – Basic, Advanced, Peer, Disaster Response, Line of Duty Death, Families Support, Suicide Prevention, Intervention and Postvention, and Substance Abuse

Training in Applied Suicide Intervention Skills Training (ASIST), safeTALK, Suicide 101, Psychological First Aid, Crisis Counseling, Peer Development

DHH/OBH Trainings – Drug Free Workplace, Bloodborne Pathogens, ADA, Defensive Driving, HIPAA, Return to Work, Sexual Harassment, Violence in the Workplace, Brief Screening and Interventions.

MS Word, Excel, Power Point, Outlook, and Publisher

ASIST (Applied Suicide Intervention Skills Training) Registered Trainer with LivingWorks

safeTALK (Suicide Alertness for Everyone) Registered Trainer with LivingWorks

Employment:

First Responder Coordinator/Emergency Preparedness/Office of Behavioral Health 2012 - Present

Louisiana Spirit Hurricane Recovery and Coastal Recovery, 445 n. 12th Street, Baton Rouge, LA 70802 2006 – 2012

First Responder Coordinator/Stress Management – provided day-to-day operations of outreach teams, trainings, crisis and communications skills.

Baton Rouge Fire Department, 8011 Merle Gustafson Drive, Baton Rouge, LA 70807 1978 – 2008

Assistant Chief-coordination day-to-day operations, command of emergency operations, safety, and crisis skills.

Education:

Louisiana State University-Eunice

1995 ~ 1999

Fire Science, Management, Fire Officer 1, Deans List, Who's Who in Junior Colleges

Accomplishments:

Led successful Crisis Team for Baton Rouge Fire Department, Implemented Needs Assessment for IAFF/Louisiana Spirit for first responders after hurricanes Katrina, Rita, Gustav and Ike.

Firefighter of the Year 1997

Behavior Health Board Advisor for International Association of Fire Fighters since 2008

Behavior Health Board Advisor for National Fallen Fire Fighters Foundation and Coordinator of Line of Duty Deaths for Louisiana

Volunteer with Louisiana Children's Burn Survivor Camp, "Camp I'm Still Me"

References:

Available upon request

Daniel J. "Danny" Adams II, Assistant Chief, Ret., CCISM

Retired Assistant Chief from Baton Rouge Fire Department and First Responder Lead for the Office of Behavioral Health and Louisiana Spirit. Danny provides experience with helping departments and agencies after disasters with his skills as a Critical Incident Trainer, Suicide Prevention Trainer and Peer Support Trainer. With 30 years of experience helping first responders all over the country and Louisiana, he helps first responders understand how to help and take care of themselves through specialized presentations and thorough knowledge and experience of trauma and disasters.

Danita LeBlanc 5461 N. College Hill Drive Baton Rouge, LA 70808

Home: (225) 766-3094 danitaleblanc@cox.net Mobile: (225) 335-4979 Office: (225) 342-9682 Danita.leblanc@la.gov

Education, License, Certifications

Masters in Social Work B.A. in Psychology

Louisiana State University Louisiana State University

1988 1981

Licensed Clinical Social Worker / Board Approved Clinical Supervisor (LCSW/BACS) #2859
ASIST (Applied Suicide Intervention Skills Training) Certified Trainer #14028
safeTALK (Suicide Alertness for Everyone) Trainer #14028

Professional Experiences

Suicide Prevention/Intervention/Postvention

- Crisis counseling for THE PHONE, a suicide prevention crisis line for 11 years
- Assessment of individuals in the hospital emergency department who were thinking of suicide & those who had attempted to kill themselves
- Worked with families and staff in the emergency department to address their concerns regarding patient admitted after suicide attempts and counseled on means reduction
- Facilitated post-ventions with community groups after a suicide occurred

Crisis/Disaster Behavioral Health

- Provided emergency psychiatric assessment to individuals in crisis in the emergency room and made recommendations and arrangements for outpatient follow up or inpatient admission
- Disaster behavioral health activities and services during 5 years of hurricane response
- Coordinated youth crisis counseling responses with existing resources after Katrina/Rita

Mental Health/Counseling

- Conducted individual, group and family therapy in acute psychiatric hospitals
- Provide individual, couple, child & family counseling in diocesan program
- Counseled pregnant and parenting teens in the areas of career decision making and job search techniques
- Counseled displaced homemakers after separation, divorce or death of the spouse & assisted them with obtaining employment
- Interviewed patients and families to compile psychosocial assessments & develop treatment plans

Training

- Presentations to community included: Suicide Prevention, Intervention & Assessment, Teen Suicides, Stress Management, Crisis Intervention, Behavioral Health Disaster Responses, Child/youth responses to disaster, After Action Shooting, ASIST & safeTALK,
- Trainer for the FEMA/SAMHSA Crisis Counseling Program Grants & Activities

- Co-facilitated 60 hour training classes for paraprofessional volunteer counselors for THE PHONE & co-supervised 60-80 volunteers on the crisis lines
- Developed in-service programs for hospital staff to provide staff development in identifying and assessing suicidal patients
- Conducted workshops in the areas of job hunting techniques, skill assessment, assertiveness, career decision-making, procrastination, etc. with displaced homemakers

Employment

DHH/Office of Behavioral Health	Program Manager	. 2010-present
DHH/OMH LA Spirit Crisis Counselor Program		
Catholic Community Services Counseling		
Louisiana State University School of Social Work	Field Internship Director	1995-2002
Our Lady of the Lake Regional Medical Center Crisis Oriented Psychiatric Evaluation (COPE)		
COPE Team Director and Behavioral Health Unit	Social Worker	1990-1991
COPE team	Social Worker as needed	1995
Catholic Community Services Counseling, Maternity	& AdoptionTherapist (part time)	1995
Behavioral Health Unit of Baton Rouge General Med	dical CenterClinical Social Worke	r1992-1994
Baton Rouge Crisis Intervention Center/THE PHON	E Crisis Intervention Specialist	1987-1990
Parkland Psychiatric Hospital	Social Worker as needed	1989
Office of Women's ServicesDisplaced Homemakers' & Teen Parent Center		
Counselor	4/85-	12/86 & 8/82-3/84

Volunteer

Paraprofessional Crisis Counselor

4/79-3/87

Baton Rouge Crisis Intervention Center/THE PHONE

- Worked on the 24 hour community crisis line with callers providing crisis intervention, suicide assessment and community referrals
- Counselor Backup for volunteers answering calls and Counselor Training Assistant

Professional Affiliations:

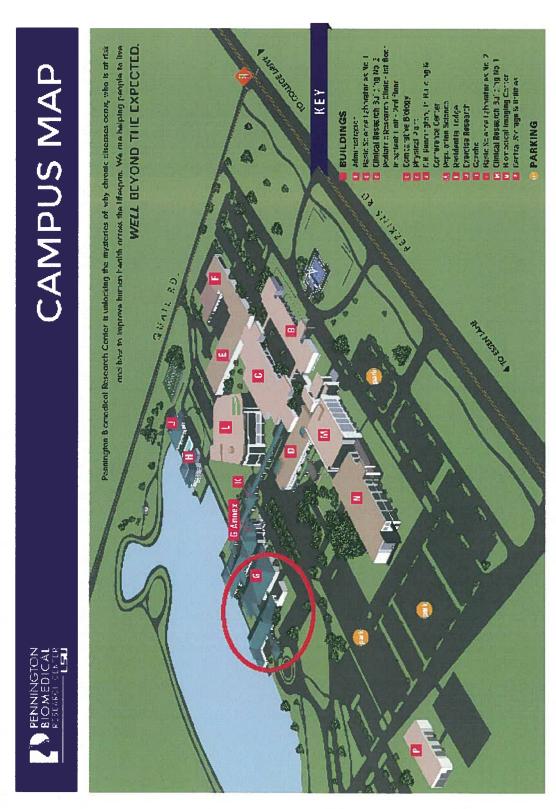
National Association of Social Workers (1981-present), Council of Social Work Education (1995-2002), American Association of Suicidology (1987-1990)

Boards, Commissions, Task Forces

- LERN (Louisiana Emergency Response Network)
- SICC (State Interagency Coordinating Council)
- CDRP (Child Death Review Panel)
- Child Sexual Abuse Prevention Task Force

Danita LeBlanc

LOUISIANA DEPARTMENT OF HEALTH REBEKAH E. GEE, MD, MPH, SECRETARY



6400 PERKINS ROAD | BATON ROUGE, LA 70808 | (225)763-2500 | WWW.PBRC.EDU

4. Trainers attend a 2 day Training for Trainers and use a 100 page standardized evidence-based trainer manual to provide fidelity and quality assurance. Additionally, the trainer materials include an extensive library of video clips to customize for groups including First Nations, Native Americans, First Responders, Military, and others.

References

Alberta Centre for Injury Control & Research. (2013). Brief report on suicide prevention in the school setting. Retrieved from http://acicr.ca/Upload/Suicide Prevention In School Settings 2012 FINAL.pdf

Gullestrup, J., Lequertier, B., & Martin, G. (2011). MATES in Construction: Impact of a multimodal, community-based program for suicide prevention in the construction industry. *International Journal of Environmental Research & Public Health*, 8, 4180-4196. doi:10.3390/ijerph8114180

Mellanby, R.J., Hudson, N.P.H., Allister, R., et al. (2010). Evaluation of suicide awareness programmes delivered to veterinary undergraduates and academic staff Veterinary Record 167: 730-734. doi: 10.1136/vr.c5427

McKay, K., Hawgood, J., Kavalidou, K., Kolves, K., O'Gorman, J., & De Leo, D. (2012). A review of the Operation Life suicide awareness workshops. Report to the Department of Veterans' Affairs. Brisbane, QLD: Australian Institute for Suicide Research and Prevention. Retrieved from http://www.dva.gov.au/health and wellbeing/research/Documents/OpLife workshops final report.pdf

McLean, Joanne, Schinkel, Marguerite, Woodhouse, Amy, McBryde (June, 2007) Evaluation of the Scottish SafeTALK Pilot. Edinburgh: Scottish Development Centre for Mental Health

NHS Scotland (August, 2010). safeTALK delivered at a distance: An approach to training using Video Conferencing. NHS Scotland: Remote and Rural Healthcare Educational Alliance

Continuing Education Template safeTALK

Course description

safeTALK teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. safeTALK stresses safety while challenging taboos that inhibit open talk about suicide. The safeTALK learning process is highly structured, providing graduated exposure to practice actions. The program is designed to help participants age 15 or older to monitor the effect of false societal beliefs that can cause otherwise caring and helpful people to miss, dismiss, or avoid suicide alerts and to practice the TALK steps to move past these three barriers. Six 60-90 second video scenarios, each with non-alert and alert clips, are selected from a library of scenarios and strategically used through the training to provide experiential referents for the participants.

Course content

safeTALK has two sections. The first section begins with reasons why the community wants the participants to become alert but quickly shifts to personal reasons for becoming alert. The bulk of the first section is used to present the TALK steps to initiate suicide alert helping. The second section has two main activities. First is a focus on the effects of misinformation about and fear of suicide with the aim of controlling these fears and marshalling motivation to help prevent suicide. The second activity is practice at being a suicide alert helper.

Course outline including contact hours

safeTALK is divided into two main sections, each with numerous sub-sections:

Part 1 – approximately 90 minutes

- 1.1 Community Reasons for safeTALK
- 1.2 Personal Reasons for safeTALK
- 1.3 Introduction of safeTALK
- 1.4 Tell step
- 1.5 Ask step
- 1.6 Listen step
- 1.7 KeepSafe step
- 1.8 Conclusion/Summary of Part 1

Short Break

Part 2 – approximately 90 minutes

- 2.1 Introduction of Part 2
- 2.2 Activate Your Willingness
- 2.3 The Importance of Being Nosey and Limits to the Suicide Alert Role
- 2.4 Preparing for Practice
- 2.5 Creating the Practice Scene
- 2.6 Practice
- 2.7 Close

Course Learning Objectives & Course Outcomes

Participants will be able to:

- 1. Challenge attitudes that inhibit open talk about suicide
- 2. Recognize a person who might be having thoughts of suicide
- 3. Engage persons with thoughts of suicide in direct and open talk about suicide
- 4. Listen to the person's feelings about suicide and show that they are taken seriously
- 5. Move quickly to connect them with someone trained in suicide first aid intervention.

Evaluation

Participants will:

- 1. Demonstrate that they can participate in a didactic role play between a suicide alert helper and person with thoughts of suicide using the *TALK* steps.
- 2. Complete a feedback evaluation that reveals information about their ability to be willing, ready, and able suicide alert helpers. Additionally, participants provide important quality assurance information.

Additionally:

- 3. Completed trainer report is read by designated quality assurance and development staff.
- 4. safeTALK uses on-going evaluation and program improvement. safeTALK was developed using the Rothman Research and Development framework (Rothman, 1980). The Rothman framework posits four stages of program development and dissemination, which form a continuing process of program improvement. Using Rothman's framework and based upon feedback from participants, trainers' evaluation reports, and research studies, the safeTALK program is under on-going development and revision (first disseminated in 2006, most recent update in 2011). The Rothman framework has also allowed for adaption of the safeTALK program to meet local needs, customizing certain aspects of dissemination and implementation to best fit those needs, while holding constant those components that make safeTALK effective.

Texts and Instructional Resources

safeTALK has been developed using the principles of adult-learning. Here is a list of the core training processes and activities used in safeTALK.

Mini-presentations or lectures are information pieces that take only a few minutes to present. **Socratic questioning** Socratic questions are used to help the participants appreciate the value of their individual and collective understanding of suicide.

Practice Role-playing Participants have the opportunity to help a person with thoughts of suicide using the TALK steps using didactic role-playing

Commenting through restatements and summaries Comments can be helpful to add to the learning process. The purpose of the restatements and summaries is to help participants integrate learning.

Required Texts, Readings, and Instructional Resources

- 1. 64 slide PowerPoint with embedded video clips
- 2. 24-page Participant Resource Book
- 3. TALK steps on quick reference card and sticker

4. Trainers attend a 2 day Training for Trainers and use a 100 page standardized evidence-based trainer manual to provide fidelity and quality assurance. Additionally, the trainer materials include an extensive library of video clips to customize for groups including First Nations, Native Americans, First Responders, Military, and others.

References

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Gullestrup, J., Lequertier, B., & Martin, G. (2011). MATES in Construction: Impact of a multimodal, community-based program for suicide prevention in the construction industry. *International Journal of Environmental Research & Public Health*, 8, 4180-4196. doi:10.3390/ijerph8114180

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